09584 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No

MEDI	UAL EX	AMINE	K'S CE	RTIFICA	ATE	OF	DEA	AME	No		**********
1. PLACE OF DE	EATH:	-		2. USUAL RI	ESIDENCE (HOME) C	F DECEA	SED:			
COUNTY	Calvert		MARYLAND	STATE	Marylan	d cou	NTY	Calve	ert		
CITY (If outsi OR and give TOWN	de corporate limits, nearest town)	write RURAL	LENGTH OF ST.	CITY (If OR TOWN	outside corpo				_	nearest	town)
HOSPITAL OR INSTITUTION STREET ADDR	OR Calvert	t County H	ospital	STREET ADDRESS			rural, give		-		1
3. NAME OF	(First)	(N	liddle)	(Last)	1 4.	DATE	(Month	ı) (Î)ay)	(Year)	
DECEASED: (Type or Print	Baby B	Boy		Chase		OF DEATH	Octob	er :	16	19 5	5
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MA	ARRIED. 8. D. DIVORCED,	TE OF BIRTH:	9. AG	E iast bi	rthday: D	onths /	I YEAR	Hours	Min.
	CUPATION (Give during most of world):	kind of 10b. K	IND OF BUSINESS NDUSTRY:	OR 11. BIRTH	HPLACE (S	tate or fo	reign coun	try):	12. CIT	IZEN OI UNTRY!	WILAT
13. FATHER'S N	AME: Caro	e Hor	Clanci	14. MOTHER	MAIDEN	NAME:	,				
15. WAS DECEASE (Yes, no, or unk.)	ED EVER IN U.S. ARM (If Yes, give war of service)	ED FORCES? 16. S	OCIAL SECURITY No.:	17. INFORMAL	NT & ADDR		edajo	icufz	U131	ack,	223
1. DISEASES OR 764 Immediate				Malnutritic		dary	to	• O (tugin	1	TERVAL I	
Antecedent	1		rrhea.								
giving rise	to the above cause last										
TO THE DE	IFICANT CONDITY EATH BUT NOT CONDITION CAU	RELATED TO	THE		- avian diane						
			G OF OPERATION						20	Yes T	PSY!
PRIMARY OF DE	CONTRIBUTING	OF INJUR	(Home, farm, fact street, office bldg., Y	ory, 21c. (City etc.,	or town)		(County)			(State)	
21d. TIME (Mont OF INJURY	h) (Day) (Year)	Wh	JURY OCCURRED ile at Not while k at work	9	DID INJUI	RY OCCU	R?				
22. I hereby		ok charge of	the remains described to the remains described	cribed above, h		Homici DICAL E EDICAL	de [],	Under	termin	DATE S	use 🗌
23 BURIAL CR REMOVAL	1/6	1=19-57	NAME OF CEME	rale	10	aluer	V (City, to	own, or	county)	State)
DATE REC'D	BY LOCAL REG	ISTRAR'S SIGNA	TURE Ward	24. FUNER	Sewell	-	ruc-3	ical	eric	ADDR	ESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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BUREAU V. S.

OCT 20 1955

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MARGIN RESERVED FOR BINDING

VS. A15-10-53

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9581 CERTIFICATE OF DEATH

Reg. Dist. No. 51

2007	The state of the s	. 1101
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Closet MARYLAND	STATE Kangland COUNTY Ca	1.1.1
CITY (If outside corporate finits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITYIIf outside obrporate limits, write RURAL	and give nearest town)
TOWN (this can The desick 18 14 his.	TOWN Quings	X
HOSPITAL OR INSTITUTION OF A	STREET ADDRESS) /
MISTREET ADDRESS Calvert Consty Hospital	ADDRESS	
3. NAME OF (First) (Mddle) DECEASED:	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) Swew Colyn 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday ir under	9 1955
- BACE: WIRDWED DIVORCED	Months	
Temale hegts (Specify): J. ag/c fcbris	V. BERTHPLACE (State or foreign country): 12.	
work done during most of working life. even if retired:	0 ,	COUNTRY?
13 FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	L-S. A.
PATIENT STRINE:	14. MOTHER'S MAIDEN NAME:	
IS WAR DECEASED EVER IN U.S. GRMEO FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no. or unk.) (If Yes, give war or dates		0
of service)	Hilda Conk. Devinge	_1
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	rion	INTERVAL BETWEEN
057.0	. 1	ONSET AND DEATH
IMMEDIATE CAUSE (A) Cerulai &	Jense velningly	24 600
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. (B)		
STATING UNDERLYING CAUSE LAST. DUE TO		
(c)		1
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		746
DISEASE ON CONDITION CAUSING BEATA.		
198. MAJOR FINDINGS OF OPERATION	Ν	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact	tory. 21c. WHERE DID (City or town) (Coun	nty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCURT	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from	, 19 , to . , 19 , that I las	t saw the deceased
alive on/, and that death occurred at	5.454.M, from the causes and on the date	stated above.
SIGNATURE A Ward Du?	ADDRESS DA	TE SIGNED
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, o	or county) (State)
Buried (SPECIFY) Oct / 4/955 mt/ Japa	Churche Sunderla	1 and
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. /FUNERAL DIRECTOR	ADDRESS
DECICEDAD 11		

SUREAU V. S.

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4 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a buriel transit permit.

09586

9582 CERTIFICATE OF DEATH

teg.	Dist.	No	

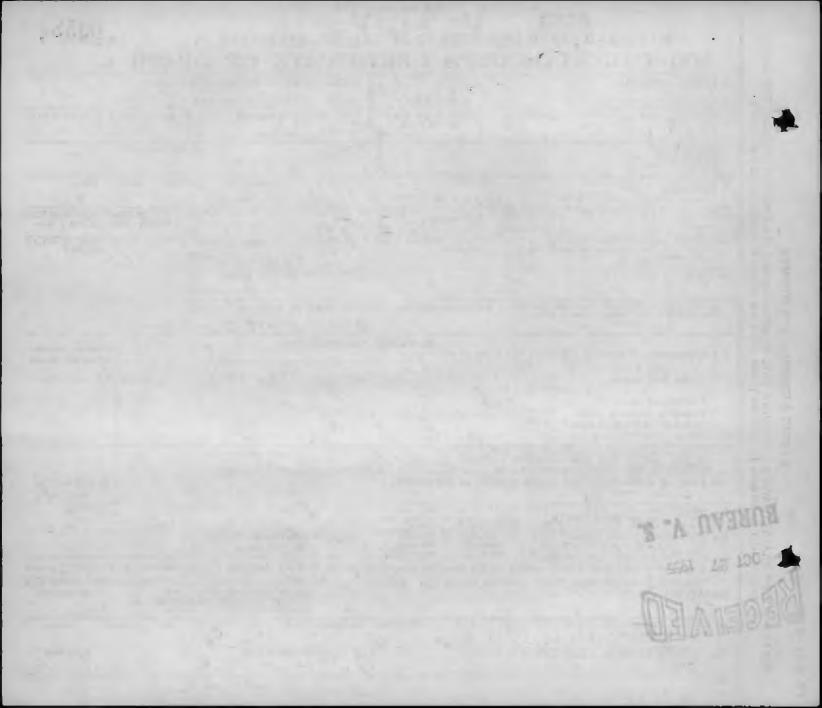
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
COUNTY Cabert MARYLAND	STATE And COUNTY (a)	1 +
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (if outside corporate limits, write RURAL and give ner	arest town)
OR ent five nearest town) (in this place)	TOWN TO +	
HOSPITAL OR	Meluat	X
INSTITUTION OR A A A	STREET (If ruref give focelion) ADDRESS	1
of Street Address Calvert County had		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) & Resolution S: Trans	Kneeps) DEATH Out	2.3. 19.5.5
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (OF BIRTH 9. AGE last birthday IF UNDER	R 1 YEAR TIF UNDER 24 HR
RACE WIDOWED, DIVORCED, (Specify)	Months Months	Deys Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. SIRTHPLACE (State or foreign country)	2/
done during most of working life, even H OR INDUSTRY	in partition country)	2. CITIZEN OF WHAT
"ome Housewish Home	Calvert Courtes med	36 S. a.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4
Thomas Parran	mare Endling Call	2
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	er o
(Yes, no, or unk.) (If Yes, give war or dates of service)	D11 An 710 0 7	1 14.
FA TO TO	RIFICATION	uninal, 11
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A	ONSET AND DEATH
1MMEDIATE CAUSE (A) Corrors	ocelumi	
BUT YO		Alako A
DISEASES OR CONDITIONS, IF ANY, (B)	I aslen salonn	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, Ierm, Iectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (Cou	nly) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
M. at work at week		
	AT ONLY	
22. I hereby certify that I attended the deceased from	1/7	
alive on 19 and-that-death occurred a	M, from the causes and on the date state	ed above.
BIGNATURE () les	ADDRESS (Street, city, town, stele)	DATE BIGNE
M.D.	27 remus cyn	144
23. BURIAL, CREMATION, DATE THEREOF AME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county	(State)
Buris 1 Oct. 2-5 1955 Chart	hurch Com Bt Roberto	in . Trad
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S AIGNATURE	ADDRÉSS
DATE 10-24-55 H. W. Ward	10 0 7/ h &C - 2	m-+ 17
DATE LU- 4-33 E. V. Nard	U. a. Hurrison (Jon) -1	nulual, Me

SYSS CURTIFICATE OF DEATH 1 A 7 1 A The second secon

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MARGIN RESERVED	WITH UNFADING INK.
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VS. A15A - 5 - 53

43	9583 MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg 9587
orrec		TIFICATE OF DEATH	No. 51
The colly.	1. PLACE OF DEATH: COUNTY Calvert MARYLAND	STATE COUNTY OF DECEASORS	m
efully.	CITY (If babide corporate limits write RURAL LENGTH OF STAY OR and of the rearest town) (in this place)	CITY (If optaide corporate limits write RUBAL an TOWN RENTAL COMMENTS	d give nearest town)
n careful ly and le	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 10 608 (Prical, give location)	St
rmatic	3. NAME OF DECEASED: (First) (Middle) (Middle) (Arry Jacquelin)	Fochler 4. DATE (Month) (Da. OF DEATH 10 2	3 1957
of information of death clearly	5. SEX 6. COLOR OR 7. SYNGYE, MARKED, 8. DAY 110 W TO HVORCED, 8. DAY 10 W TO HVORCED, 8. DAY 10 W TO WORKED, 8. D	2/74 8 yrs. Mouths D	Days Hours Min.
	world die during most of work life, INDUSTRY:	Lermany 1	COUNTRY WHAT
cau	13. FATHER'S NAME: Saytter NE Was Decree From 1. U.S. Adver Force?	14. MOTHER'S MAIDEN DAME:	
7	15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	11. NFORMANT & ADDRESS:	
INK. Suppliplesse write	I. DISEASES OR CONDITIONS DIRECTLY READING TO DEATH; Immediate cause (a) DUE TO	when accelent	INTERVAL DETWEEN
UNFADING Physicians: I	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO	styre	··· ··································
NFA	stating underlying cause last (c)	w Collesiane	1?
	TO THE DEATH BUT NOT RELATED THE DISEASE OR CONDITION CAUSING DEATH. 192. DATE OF OPERATION: 1 195. MAJOR FINDING OF OPERATION:	our stairs	
Y, WITH important.			Yes No
E PLAINLY, especially im	2]a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF NJURY CAUSE OF DEATH. M. While at Not while at work at work	216 (City or John) Couply) Lepuble Couply) 216 HOW ON HAJRY OCCUR?	(State)
re Pr especi	22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes . Acci-	bed above, held an Autopsy □, Inspection □ dent Suicide □, Homicide □, Undete	
WRITE age is es	SIGNATURE MUCA	M. D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	DATE SIGNED
PLEASE	13. BURIAL, CREMENTION, DATE THEREOF NAME OF CEMETER (Spacific): (2/26/1)	Of Jen. Co	ounty) (State)
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG - 13-10	He SH fines & 2801	- 14 Thesa
		nw was we	



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Physicians:

write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT 9584 CERTIFICATI	00000
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Calvert MARYLAND	
CITY III outside corporate limits, write RURAL LENGTH OF STAY	STATE Mary and COUNTY Cafeer t CITY(If outside corporate limits, write RURAL and give nearest town
OR and rive nearest town) (in this place) TOWN Frince Frederick 3 Laxs	OR TOWN Mutuel
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital	STREET (If rural give location) ADDRESS
3. NAME OF (First) (Middle) (DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: /0 - /3 1955
	OF BIRTH: 9. AGE iast birthday IF UNDER 1 YEAR IF UNDER 24 HRE
MR/C Negro (Specity): May 20	1940 15 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): School	11, BIRTHPLACE (State or foreign country): 12, CITIZEN OF WHA COUNTRY? Mary land 11, BIRTHPLACE (State or foreign country): 12, CITIZEN OF WHA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph MacKall	Elsic Parker
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
of service)	MRS. Elsie Parker- mutual, md.
i Diseases or conditions directly leading to Death 204.0 IMMEDIATE CAUSE (A)	ONSET AND DEAT
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	epophratic Centennic
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 19, , to , 19, , that I last saw the decease
alive on 10-13, 19, and that death occurred at SIGNATURE	8:3, M, from the causes and on the date stated above. DATE SIGNED (0-13-5)
W.	ERY OR CREMATORY LOCATION (City), town or county) (State

important. II OTHER SIG TO THE DEA DISEASE OF 19A. DATE OF O especially 21A. ACCIDENT LIF EITHER, NOTH 210. TIME (Mon OF INJURY - 60 age 22. I hereby c alive on correct SIGNATURE 23. BURIAL, C BUTTAL DATE REC'D BY REGISTRAR REGISTRAR'S SIGNATURE LOCAL

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21A ACCIDE OR CONTRIBU

REGISTRAR

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MADVIAND STATE DEDARTMENT OF HEALTH DALTMADE 10	
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9536 CERTIFICATE OF DEATH Reg. Dist	0959µ
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	D;
COUNTY Column MARYLAND STATE Manyland COUNTY COL	1100
CITY (if outside corporate limits, write RURAL LENGTH OF STAY CITY If outside corporate limits, write RURAL a	and give nearest town)
X TOWN A. is to desire to 26 km. OR TOWN Port Republic	×
HOSPITAL OR STREET (If ourse give location)	7
USTREET ADDRESS Colout Consty Hospital	
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (DECEASED	Day) (Year)
(Type or Print) Calbert doc Corrol & Co DEATH: October	8 1955
5. SEX: 6 COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday; IF UNDER IN	PANE HOURS Min.
drale hayro (married) 11/415 /890 1 65 yts	
OA USUAL OCCUPATION (Give kind of working life. even If retired): 13 FATHER'S NAME: 14 MOTHER'S MAIDEN NAME:	COUNTRY
13 FATHER'S NAME: 14, MOTHER'S MAIDEN NAME:	S. A.
01, 20 1	
15 WAR DECEASED EVER IN U.S ARMED FORCER 16. SOCIAL SECURITY NO. 17. WFORMANT & ADDRESS:	
(Kes, no, or unk.) (If Yes, give war or dates of service) 2. Serbelle In Comerk	Q
18. MEDICAL CERTIFICATION	Soprun Overtheen
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Caroliro-wascular accident	26 hna
ANTECEDENT CAUSE (5' DUE TO	700
DISEASES OR CONDITIONS, IF ANY, (B) Dialeter melliture	3 400.
STATING UNDERLYING CAUSE LAST. DUE TO	70.
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 19a DATE OF OPERATION: 19a MAJOR FINDINGS OF OPERATION	
TOWN DATE OF OF ENAMED OF OPERATION	20. AUTOPSY?
21A ACCIDENT WAS UNDERLY NG 21B PLACE (Home, farm, factory 21c WHERE DID (City or town) COUNTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	ty) (State)
210. TIME (Month) (Day) (Yeer) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while	
M. at work at work	
22. I hereby certify that I attended the deceased from 10-7, 1955 to 10-9, 1955, that I last	saw the deceased
alive on 10 = 9, 1933, and that death occurred at 11:30P.M. from the causes and on the date	
	re signed
23, BURIAL) CREMATION. DATE THEREOF MAME OF CEMETERY OR CREMATORY LOCATION (Cit), town, or	county) (State)
CREMOVAL (SPECIFY)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR	ADDRESS

Trunce Frederick

Secretal

every item of information carefully. of death clearly and legibly please write the causes MARGIN RESERVED FOR BINDING Supply INK. UNFADING Physicians: WITH important. PLAINLY especially WRITE - 673 OR TYPE VS. A15-10-53 PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: STATE THE STATE COUNTY OF LUET CITY(If outside corporate limits, write RURAL and give nearest town) COUNTY SALDINE MARYLAND CITY Ilf outside corporate limita, write RURAL LENGTH OF STAY and OR and give nearest town) (in this place) information TOWN SULOWANS TOWN Solumans 66455 (If rural give location) HOSPITAL OR STREET clearly ADDRESS INSTITUTION OR STREET ADDRESS (Day) (First) (Middle) (Last) 4. DATE (Month) 3. NAME OF (Year) death of DECEASED: OF (Type or Print) Th Gray LERAY DEATH ! / O. 1954 item 16 COLOR OR 17. SINGLE, MARRIED, -8. DATE OF BIRTH: 9. AGE last birthday, IF UNDER TYEAR IF UNDER 24 MRS. WIDOWED, DIVORCED. RACE: \$0 Months Days Hours (Specify): MAN causes TOA USUAL OCCUPATION (Give kind of 10s KIND OF BUSINESS 11 BIRTHPLACE (State or foreign country): 12 CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? even it petired) MARYLANG pply 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Su 17. INFORMANT & ADDRESS IS WAS DECEASED EVER IN U.S. ARMED FORCEST 14. SOCIAL SECURITY NO. Wri INK. (Yes, no, or unk.) (If Yes, give war or dates MIS. Eleanor of service) 45 ease 18. MEDICAL CERTIFICATION INTERVAL BETWEEN DING I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH d 11 4 11 Physicians IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) nt. × II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE AINL DISEASE OR CONDITION CAUSING DEATH. imp 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT PL 21A. ACCIDENT WAS UNDERLYING | 21B PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) 函 OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? RIT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED
While Not while at work 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? M OF INJURY 1 hui 23 0 22. I hereby certify that I attended the deceased from 10-17-1950, to 14.12, 1955, that I last saw the deceased , and that death occurred at 4:30 M, from the causes and on the date stated above. 国 65 . 19 alive on TY SIGNATURE ADDRESS DATE SIGNED 10-14-30 M. D. SE 23. BURIAL, CREMATION. THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) ⋖ DATE REC'D BY LOCAL REGISTRÁR'S SIGNATURE 24. FUNERAL ADDRESS REGISTRAR



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MADVIAND	STATE DEDADEMENT	OF I	THE AT PUTT TO A T PUTTER	DE	10	nor	103
Item Item	STATE DEPARTMENT	Ur I	HEALTH-BALTIMO	KE,	18	UJU	טטנ
OFOO	CERTIFICATE	OF	TOTALITA	FS.			_

9588 CERTIFICATE	E OF DEATH Reg. Dist	. No. 53
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D;
COUNTY Calest CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN (in this place) HOSPITAL OR	CITYIII outside corporate limits, write RURAL POR TOWN Would be a limit of the limits	and give nearest town)
64 STREET ADDRESS CALDET COUNTY HOSPITES	1916-13Th ST. S.E	V
DECEASED:		Day) (Year)
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED. DIVORCED. (Specify): Married / 1	9. AGE last birthday F unotes 1. 70 yrs. Months E	YEAR IF UNDER 24 HRS. Days Hours Min.
10A. USUAL OCCUPATION (Give kind of top kind of work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Mark Shepherd.	Rosalie Fairfair	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Helen Edith Shophard wife) Owings h
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
HHAX MMEDIATE CAUSE (A) Conlin-Va	goenla Renal Bereaux	ONSET AND DEATH
ANTECEDENT CAUSE (8:	0	11
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	gue	10 6/27
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		\$
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		4
19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	٧ - ا	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. etc. 21c. WHERE DID (City or town) (Count injury occur?	ty) (State)
210. TIME (Month) (Day) (Year) (Hour) 216 INJURY OCCURRED OF INJURY M. at work at work	21F. HOW DID INJURY OCCUR?	
SIGNATURE Ward	12 Many from the causes and on the date ADDRESS DAT LES	stated above. TE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ERY OR CREMATORY (LOCATION (Cig. town, or	to Jud
10/6/55 Gace L. Nichelen	Me H. Hutchin (Twengo mo

A AVEIL SST VALUE OF THE PARTY OF THE P MARGIN RESERVED FOR HIND PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every if

VS. A15A - 5 - 53

WIEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 2
1. PLACE OF DEATH:/	2. USUAL RESIDENCE (HOME) OF DECRASED,	1
COUNTY (Colorest MARYLAND	STATE Red COUNTY Colon	ye .
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If containe corporate limits write RURAL and OR TOWN MARK MARKET MARKET CONTAINED TO TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	/
8. NAME OF DECEASED: (Type or Print) Lawyeuce MC, Keiney W.	(Last) 4. DATE (Month) (Day, OF DEATH /0 24	(Year)
6. SEX: 6. COLOR OR 7. SINGLE MATRIED, 8. DATE WIDOWED, DIVORCED (Specify).	OF BIRTH: 9. AGE last birthday: IF UNDER IV Months Da	
work done during most of work life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME: hee Hells	Marchet Cleu Sun	derland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	Martha
18. MEDICA	AL CERTIFICATION	1 / parant
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Antecedent cause(s)		
Diseases or conditions, if any, (b)		***************************************
stating underlying cause last (c)	7 0 1;	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	deed by can	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		Yes No
PRIMART Or CONTRIBUTING OF Strot office big., etc.	- Inver Madeir Column	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while injury 8 24 5 9 M. work at work	1211. HOW DIS INJURY OCCUR?	4
22. I hereby certify that I took charge of the remains, describ		
find that death resulted from: Natural causes Accid	dent [], Suicide [], Homicide [], Undeter	
SIGNATURE STORES	DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	LOZUS
28. BOBIAL, CREMATION, DATE (THEREOF NAME OF CEMETER		unty) (State)
reference : 10/26/55 Lower /	Parlbore Fower Mull	ow Jud.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 26 1955 Space of Nullpins	11- 1 HILLIAMS	way or

CONTRACTOR V. S.